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CONFIRMATION NO. 3421

SERIAL NUMBER 10/690,257	FILING OR 371(c) DATE 10/21/2003 RULE	CLASS 706	GROUP ART UNIT 2129	ATTORNEY DOCKET NO. 92717-345USP1
APPLICANTS Oscar A. Chappel, Odessa, FL;				
** CONTINUING DATA ***** This application is a CIP of 10/336,104 01/03/2003 and is a CIP of 09/859,320 05/16/2001 PAT 7,236,940				
** FOREIGN APPLICATIONS ***** NONE				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/20/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY FL	SHEETS DRAWING 7	TOTAL CLAIMS 21
Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		INDEPENDENT CLAIMS 3		
ADDRESS 61060				
TITLE Method of and system for rules-based population of a knowledge base used for medical claims processing				
FILING FEE RECEIVED 1132	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	